

PALLIATIVE CARE IMPACT SERIES

Cancer Care Ontario's INTEGRATE Project

A strategic partnership with Pallium Canada to transform health care practice

SUMMARY

A 3-year project (Jan 2014 to Jan 2017) in Ontario and Quebec to improve palliative care led by Cancer Care Ontario (CCO) and funded by the Canadian Partnership Against Cancer (CPAC).

Goal

To improve palliative care through early identification and management of patients who could benefit from a palliative care approach earlier in the illness trajectory and across health care settings.

Approach

The project used two interventions including implementing an integrated care model and working with Pallium Canada to provide interprofessional palliative care education to primary care providers, oncologists, and nurses.

Results

- Over 1200 patients identified earlier in their illness trajectory.
- 3-fold increase in number of providers who felt they had sufficient training to provide a palliative care approach.
- 133% increase in provider confidence in initiating advance care planning conversations.
- Positive impact to the patient and caregiver experience.
- Strong potential for long-term sustainability and spread.

ISSUE AND OPPORTUNITY

There are many benefits to people receiving palliative care and having it initiated earlier.

Studies show multiple benefits from early integration of palliative care including: longer and better quality of life; less depression and anxiety; improved symptom management; improved patient satisfaction with care; less aggressive care; and lower care costs.¹

But, access to palliative care is a problem.

Up to 89% of people who die might have benefited from a palliative care approach², but only 15% are actually getting it.³ Those who do receive palliative care often receive it too late; they could benefit from earlier initiation and integration of palliative care services in the community.⁴ A lack of training and awareness of palliative care among health care professionals can be a major barrier.⁵

This project improved palliative care by implementing an integrated care approach and building palliative care capacity among primary level providers.



WHO WAS INVOLVED

- In Ontario, 4 participating regions — Toronto Central North; Toronto Central South; North Simcoe Muskoka; and Champlain. Each region had one cancer centre and one primary care practice participate.
- The integrated model was developed and implemented by working groups of primary care and cancer clinicians, allied health practitioners, administrators, and patients.
- The INTEGRATE project was funded by CPAC, working in partnership with CCO to improve identification and management of patients who would benefit from a palliative care approach early and across health care settings.
- Pallium Canada was a key strategic partner and provided solutions such as inter-professional education, training, tools, information technology, and analytics to educate health care providers, build capacity in providing a palliative care approach, and measure impact.

GOAL & DESIRED OUTCOMES

The goal was to improve palliative care through early identification and management of patients who would benefit from a palliative care approach earlier in the illness trajectory and across health care settings.

There were five desired outcomes:

1. Increased early identification of palliative care needs
2. Increased provision of palliative care
3. Improved inter-professional collaboration
4. Improved patient/family experience
5. Improved communication among partners

APPROACH

The project involved inter-professional education and an integrated care model in cancer centres and primary care settings.

Inter-professional Education:

To adapt, implement, and evaluate palliative care education for primary level providers (primary care, oncology, and community).

Integrated Care Model:

To implement and evaluate an integrated palliative care model (an early identification campaign with linkages to community resources).

Evaluation Plan:

To measure participating providers', patients', and caregivers' experiences, including primary-level data collection and linkages to administrative data, to assess feasibility, functioning and impact of the integrated model of palliative care.

LET'S CONNECT

This is just one example of how we have helped our partners drive innovation and achieve impact. Contact us today to learn more and get started:

info@pallium.ca
1-833-888-LEAP (5327)
pallium.ca



PALLIUM CANADA'S ROLE

As a strategic partner, Pallium Canada provided solutions to the partnership to build capacity, identify barriers, and measure impact to transform health care practice.

Build capacity

Pallium Canada created a Learning Essential Approaches to Palliative Care (LEAP) Oncology course for this project, with case studies and examples contextualized for the cancer care setting. In addition, LEAP Core and LEAP Mini courses were also leveraged in the primary care setting.

Identify barriers

Pallium Canada conducted surveys, completed data analysis, and provided key learning and insights that helped CCO identify system-level and individual barriers and opportunities in the provision of early, integrated palliative care.

Measure impact

As part of the evaluation for this study, Pallium Canada's learning management system supported on-going practice, reflection, and evaluation of participant learning. Pallium Canada was able to track and analyze data related to changes in knowledge, comfort, and attitudes toward providing a palliative care approach and gather early evidence for implementation of learning in everyday practice.



ABOUT PALLIUM CANADA

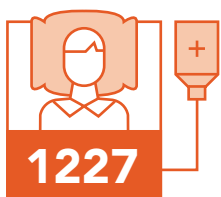
Pallium Canada is a national, evidence-based organization focused on building professional and community capacity to help improve the quality and accessibility of palliative care in Canada. Pallium Canada is funded mainly by Health Canada.



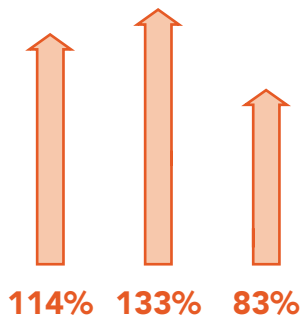
- 1 Bakitas et al. 2009, Temel et al. 2010, Rabow et al. 2004, Brumley et al. 2007, Casarett et al., 2008, Gade et al. 2008, Zimmerman et al. 2014
- 2 Canadian Society of Palliative Care Physicians. (2016). How to improve palliative care in Canada: A call to action for federal, provincial, territorial, regional and local decision-makers.
- 3,4,5 Canadian Institute for Health Information. (2018). Access to palliative care in Canada.
- 6 Evans JM, Mackinnon M, Pereira J, Earle CC, Gagnon B, Arthurs E, Gradin S, Walton T, Wright F, Buchman S. Building capacity for palliative care delivery in primary care settings: Mixed-methods evaluation of the INTEGRATE Project. *Can Fam Physician*. 2021 Apr;67(4):270-278. doi: 10.46747/cfp.6704270.
- 7 From survey done in all settings, n=139 baseline; n=77 post

RESULTS

Combined, the multipronged intervention lead to⁶:



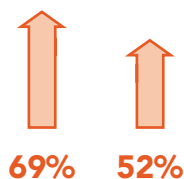
Patients identified earlier in their disease trajectory as needing palliative care



Substantive increases in provider comfort and confidence in discussing palliative care needs/services⁷

- 114% increase in discussions about patients' progressive non-curative illness
- 133% increase in initiation of advance care planning conversations
- 83% increase in awareness of care setting options

Significant increases in awareness and use of palliative care tools among providers.



PRIMARY CARE SETTING

- 69% increase in use of the surprise question
- 52% increase in use of the palliative performance scale

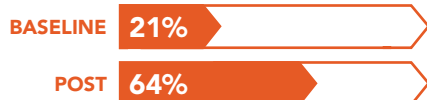


CANCER CARE SETTING

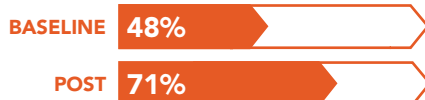
- 39% increase in use of the surprise question
- 57% increase in use of the palliative performance scale

Positive changes in everyday practice in primary care

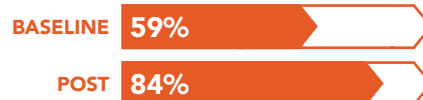
INITIATED ADVANCED CARE PLANNING



PROVIDED HOME VISITS FOR PALLIATIVE CARE



LINKED PATIENTS TO COMMUNITY PALLIATIVE CARE SERVICES



In addition, study participants noted that LEAP had the following impact:



Of the 417 health care professionals who completed LEAP stated it:

- Met learning needs
- Was relevant to practice
- Was a productive team-building exercise



>3 times

Providers believed they had sufficient training to provide palliative care.